

The Behavioral Health Training and Education Network (BHTEN) with support from
The Philadelphia Department of Behavioral Health & Intellectual disAbility Services (DBHIDS) Presents:

Trauma Art Narrative Therapy™ (TANT™) – Level One

Instructor

Lyndra Bills, MD,

Dr. Bills, a Board Certified Psychiatrist, is the creator of the TANT™ Model
Associate Medical Director for Community Care Behavioral Health Organization, Northeast PA Region
Dr. Bills has no real or apparent conflicts to disclose. No commercial support was received for this program

This is a repeat training

Description: This training presents a creative narrative cognitive exposure technique. TANT™ uses non-interpretive drawing steps. It is designed to help resolve trauma-based symptoms and behaviors in order for traumatized children and adults to move on to the next step in their healing. This workshop will provide the theory and principles of TANT, numerous case examples, recent research findings and an opportunity for a TANT experiential process. Participants will also be able to learn how to apply the TANT method for building resilience

Target Audience **ONLY CLINICIANS HOLDING MASTER'S LEVEL OR HIGHER DEGREES MAY REGISTER FOR THIS TRAINING**
This intermediate level workshop is designed for therapists, counselors, social workers, psychologists, psychiatrists serving individuals impacted by trauma and violence.

Day/Date: **Wednesday, November 29, 2017**

Time: **9:00 AM to 4:30 PM (SIGN-IN BEGINS 8:30 AM)**

Location: 520 North Delaware Avenue, 7th Floor, Suite C, Philadelphia
• BHTEN IS LOCATED IN THE RIVERVIEW PLACE BUILDING, ON THE SOUTHEAST CORNER OF DELAWARE & SPRING GARDEN: ENTRANCE ON SPRING GARDEN STREET

Cost: **\$75.00 Per Person (PREPAID FEE – Includes Workbook)**
• **SECURE ONLINE PAYMENT AND REGISTRATION ACCEPTED: SEE LINK ON PAGE 2**

Program Objectives By the end of this basic overview training, participants will be able to:

1. describe trauma theory as it applies to TANT;
2. list the steps of the TANT process;
3. identify appropriate clinical situations in which to apply TANT with children and adults;
4. describe the process of informed consent and how to consider the use of TANT with children, caregivers and parents;
5. identify common problems which may arise when using TANT;
6. describe the process of TANT after completing the experiential part of the training;

CEUs:

6.0 Continuing Education Credit hours will be provided as follows: Social Work, PCB, and APA

- As a CSWE accredited program, the Graduate School of Social Work and Social Research at Bryn Mawr College is a pre-approved provider of continuing education for social workers, professional counselors and marriage and family therapists in Pennsylvania and many other states.
- 6 CE credit hours for Psychologists awarded. BHTEN is approved by the American Psychological Association to sponsor continuing education for psychologists. BHTEN maintains responsibility for this program and its content.

.6 Continuing Education Credit will be provided as follows: IACET

- The Behavioral Health Training and Education Network is accredited by the International Association of Continuing Education and Training (IACET) & is authorized to issue the IACET CEU. As an IACET Accredited Provider, BHTEN offers CEUs for its programs that qualify under the ANSI/IACET Standard. BHTEN is authorized by IACET to offer .55 CEUs for this program. (.6 Continuing Education Credit = 6.0 Classroom hrs)



**PARTICIPANTS MUST ATTEND ENTIRE PRESENTATION TO RECEIVE CONTINUING EDUCATION CREDITS
& MUST SUBMIT A COMPLETED COURSE EVALUATION**

Special Needs: Please call Sheyel Rorie (215 923-2116, ext. 270) and indicate special needs on the registration form

BAD WEATHER? >>> CALL 215-923-2116, EXT. 401 TO CHECK ON ANY DELAYS OR CANCELLATIONS

QUESTIONS? >>> CALL AKIM COOPER, AT 215-923-2116, EXT. 297

PARKING: >>> PARKING IS NOT PROVIDED AND METERED STREET PARKING IS EXTREMELY LIMITED

- BHTEN IS UNABLE TO PROVIDE NOR MAKE CHANGE FOR THE METERS.
- PUBLIC TRANSPORTATION IS STRONGLY RECOMMENDED
- PLEASE PLAN ACCORDINGLY

CLOTHING SUGGESTION: Maintaining room temperature that is comfortable for everyone is very difficult; you may want to wear layered clothing and/or bring a light sweater or jacket for when the room becomes too cool.

Over →

Trauma Art Narrative Therapy™ (TANT™) – Level One

Training Date: Wednesday, November 29, 2017

REGISTRATION INSTRUCTIONS

PRE-REGISTRATION and PRE-PAYMENT OF FEE are required.

- **FEE PER PERSON: \$75.00 – SECURE ONLINE REGISTRATION AND PAYMENT NOW ACCEPTED AT THE FOLLOWING LINK:**

<https://bhten.com/session/trauma-art-narrative-therapy-tant-%E2%80%93-level-one>

- Make checks or money orders payable to **THE CONSUMER SATISFACTION TEAM**.
- **NO cash payments; \$35.00 CHARGE FOR RETURNED CHECKS**
- Payment & registration form **must** be submitted together; registration **will not** be done by fax or phone.
- **MAIL check or money order and registration form to:**
 - The Consumer Satisfaction Team
 - C/O Akim Cooper, Data Analyst
 - 520 North Delaware Avenue, Suite 7C
 - Philadelphia, PA 19123
- **Registration Form and Payment Deadline: November 27, 2017**
- **SPACES ARE EXPECTED TO FILL QUICKLY.**
- Registration is done on a first come, first served basis.
- Registration will be closed once seating capacity is reached
- Sign-in begins at 8:30 AM on the day of the training

Confirmation:

- EACH PERSON REGISTERING WILL RECEIVE AN E-MAIL CONFIRMING THE REGISTRATION PRIOR TO THE TRAINING DATE.
- EACH ONE IS ASKED TO BRING THEIR CONFIRMATION LETTER ON THE DAY OF THE TRAINING.

PLEASE TYPE THE INFORMATION OR PRINT CLEARLY.

AGENCY NAME

CONTACT PERSON AND POSITION

AGENCY STREET ADDRESS

PHONE #

FAX #

CITY, STATE, ZIP CODE

E-MAIL ADDRESS

TRAINING PARTICIPANT NAMES AND PROGRAMS

(CONTACT SHEYEL RORIE AT 215 923-2116, EXT. 270 WITH ANY SPECIAL NEEDS AND INDICATE THEM HERE)

1. _____
NAME

PROGRAM NAME

HIGHEST DEGREE COMPLETED, AREA OF STUDY, CREDENTIALS

PHONE NUMBER

E-MAIL

2. _____
NAME

PROGRAM NAME

HIGHEST DEGREE COMPLETED, AREA OF STUDY, CREDENTIALS

PHONE NUMBER

E-MAIL

3. _____
NAME

PROGRAM NAME

HIGHEST DEGREE COMPLETED, AREA OF STUDY, CREDENTIALS

PHONE NUMBER

E-MAIL